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Naval Hospital

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The Passing of an American Hero



Robert E. Bush speaks during the Carson Hall dedication ceremony, in November 2003. He was always ready to participate in events at the hospital named his honor. He will be missed dearly.

During World War II, he decided to take a break from school at age 17 to join the United States Navy. At 18 he landed at Okinawa with the Marines where he rendered life saving aid to a fallen Marine Corps officer, while fighting off an attack of charging Japanese soldiers. During this attack he was wounded resulting in losing an eye. Upon returning home, this war veteran, returned to High School to finish his education and to marry his sweetheart, Wanda. At 19 he and his new bride were standing on the South lawn of the White House with the famed World War II military leadership looking on as President Harry Truman pinned the Medal of Honor on his chest.

Did the events during this relatively short period of time define Robert E. Bush? If he were here to answer that question he would probably say no.

Following this war experience, Robert E. Bush started on his new adventures of life by going into business which eventually grew to seven lumber yards and building supply stores then expanding into ready-mix concrete, mobile home and golf course construction... this company was called Bay View Lumber Company.

During his life, Robert E. Bush touched many lives from the famous to the common, and during each contact he treated everyone the same... as a friend.

When speaking to audiences in later years he wouldn't speak much about his war experience, he would relate a couple of funny experiences he had with one of his Navy buddies. He would talk about the importance of

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Inside...

The days are getting shorter and shorter. It's still dark when you get out of bed in the morning and dark again soon after you get home from work. You just want to scream and you don't know why! *page 2*

Bronchiolitis (say: "bronk-ee-oh-litus") is a lung infection that can be caused by several kinds of viruses. *page 3*

Department of Defense achieved a major milestone with the launch of AHLTA, its global electronic health record system *page 4*

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Here's to your Health...

Learning to Deal With The Winter-Time Blues

By Martha Hunt, MA Health Promotion Coordinator
Robert E. Bush Naval Hospital

The days are getting shorter and shorter. It's still dark when you get out of bed in the morning and dark again soon after you get home from work. You just want to scream and you don't know why! If you feel this way, you may have what is known as Seasonal Affective Disorder or SAD. The chemicals in your brain are affected by the amount of light you receive every day. When winter hits, you receive less light, the chemistry in your brain changes and you may become depressed.

The symptoms of SAD include:

- * sleep problems such as over-sleeping, feeling that no matter how much sleep you get it is still not enough and craving naps,
- * overeating of carbohydrates like breads, pasta and sweets and cravings for cigarettes, alcohol or caffeine,
- * depression signs such as feelings of despair, guilt, poor concentration, and frustration,
- * an increase in family problems such as feelings that you want to be alone, grumpiness with your family and friends, loss of intimate feelings for your spouse or partner,
- * lethargy which means that you feel too tired to cope with daily chores or needs, you feel as if everything is an effort,
- * physical symptoms such as joint pain, stomach problems and an increase in infections, colds and flu, and
- * behavioral problems such as outbursts of anger.

The symptoms of SAD last from September to April, but are worst in the darkest months of the year, peaking in December. It is thought that 2 to 10 percent of all Americans suffer from SAD and the farther north you live, the higher your risk to some

or all of the SAD symptoms. Also, it appears that four times as many women as men are affected by SAD and that SAD seems to run in families, implying a genetic component.

The best way to combat SAD is to increase the amount of light that you get every day. This includes getting outside during the day to get any available sunlight, using alarm clocks that gradually awaken you by increasing the amount of light in your bedroom, and buying special boxes that contain fluorescent lights that simulate real sun light.

Getting outside every day is the first way to improve the symptoms of SAD. Cloudy days still offer up to ten times the amount of light available from indoor lighting. Ways to help you get outside every day include going for walks during your lunch break, eating outside at lunchtime, and running errands. If you can't get outside during the day, try to work near a window if possible.

Light boxes specially designed for SAD also offer a large amount of light and you can use them while eating, reading, or working. Tanning beds are not a substitute for light boxes and can increase your risk of skin cancer as well as damage your eyes.

Dawn simulators are simply alarm clocks with special lighting that gradually wake you up in the morning by increasing the amount of light in your bedroom. These simulators mimic the light pattern that wakes you in the summer months so that you wake up feeling more rested and alert.

Another way to combat SAD is the use of anti-depressant drugs. However, since SAD is more prevalent in women than men, women who may become pregnant should be aware of the risks of anti-depressants and their developing fetus. Finally, if you find that nothing you do helps you to beat the winter-time blues, ask your doctor for help. He or she can refer you to counselors who can coordinate light therapy with stress management and anti-depressants if need be and who can help you work through the blues. You don't have to suffer with the winter-time blues anymore. There is help in the form of light therapy, anti-depressant drugs and counseling that can help you cope with those dark cold winter days.

Super Stars and Hard Chargers...

The following personnel were recognized at the Command Award Ceremony held Nov. 30. Because of the Examiner Deadline, photos will be included in the January 2006 edition of the paper.

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Ms. Martha Hunt
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Lt. Cmdr. Marjorie Alexander

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Navy and Marine Corps Achievement Medal

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Medical Minute...

All About Bronchiolitis and Your Child

Lt. Catherine Durham, MSN, FNP
Robert E. Bush Naval Hospital

What is bronchiolitis?

Bronchiolitis (say: "brank-ee-oh-litus") is a lung infection that can be caused by several kinds of viruses. The infection causes the small airways to swell which may block the air entering their lungs and make it hard for them to breathe.

Children under age two get this illness in the winter and the early spring. The infection is most often caused by Respiratory Syncytial Virus (RSV). Most children are sick for about a week and then get well.

What are the symptoms of bronchiolitis?

The baby who develops bronchiolitis often starts with signs of a cold, such as a runny nose, mild cough, and a fever. Then your child may begin to cough,

breathe fast and wheeze (make a high-pitched whistling sound when breathing) for another two or three days.

What can I do for my child?

There are some things you can do when your child has bronchiolitis:

- * Have your child drink liquids. Don't worry if he or she doesn't feel like eating solid foods.
- * Use a cool-mist vaporizer in the bedroom while the child is

sleeping.

* Run hot water in the shower or bathtub to steam up the bathroom and sit in there with your child if he or she is coughing hard and having trouble breathing.

* Give your child acetaminophen (some brand names: Children's or Infants' Tylenol), if he or she has a fever. Don't give your child aspirin. Aspirin has been associated with Reye's syndrome, a rare disease of the brain and liver.

child for signs of dehydration (not enough liquids in his or her body). Your doctor will also check to see if your child is getting enough oxygen and may want to check your child for pneumonia. Sometimes, doctors give children a liquid medicine to help with the cough. Your doctor may want to see your child again in 24 hours.

If your child is really working hard to breathe, your doctor may suggest putting him or her in the hospital. Your child can get extra oxygen while in the hospital. Your child can also get extra liquids through the veins (intravenous fluids), which will help prevent dehydration.

When should I call the doctor?

You should call your doctor if:

- * Your child is vomiting and can't keep liquids down.
- * Your child is breathing very fast; more than 40 breaths in 1 minute.

* Your child's skin develops a bluish color, especially around the lips or in the fingertips.

* You can see your child's skin pull in between the ribs with each breath or your child has to sit up to be able to breathe.

* Your child has had heart disease or was born prematurely. In this case, call the doctor at the first signs of this illness.

Will my other children catch bronchiolitis?

Bronchiolitis is spread just like a cold, through close contact with saliva or mucus, but older children usually don't get as sick as younger children do.

You can help prevent spreading this disease by keeping your sick child home until the cough is almost gone. Make sure to wash your hands after you take care of your sick child to avoid spreading the virus to others.

What will my doctor do for my child?

Your doctor will check your

Five years of tobacco education at MCAGCC

Martha Hunt, MA
Health Promotions Coordinator
Robert E. Bush Naval Hospital

Since July 2000, over 1,000 Active Duty Marines, Sailors, dependents and retirees have enrolled in the Naval Hospital Tobacco Cessation Program. Tobacco use is the second leading cost to the DoD health care system and is the leading reason why individuals are early medically discharged from the military. Tobacco breaks alone cost MCAGCC approximately \$21 million every year in lost productivity.

The main reason why people use tobacco, besides the fact that nicotine is the most addictive chemical on earth, is to combat stress and boredom. Tobacco has become a way of coping with stress and simply something to do when you are bored. The classes at the Robert E. Bush Naval Hospital are based on helping the tobacco user to change life coping skills and reduce stress so that the relationship with tobacco can be impacted. Then when the craving for tobacco strikes, the tobacco user has an effective way to deal with the urge and get past it.

What exactly do we do at the Naval Hospital? We offer Nicotine replacement patches and Zyban. The nicotine patches helps wean the user off tobacco over time and the Zyban helps cut the signal in the brain that drives the cravings. However, in the end, tobacco cessation comes down to developing the mental skills to get through the cravings. The patches and Zyban are simply tools to get the user off the tobacco. If the user has not changed how they view tobacco and deal with stress and boredom, then they will always be addicted to tobacco.

We also talk about behavior modification such as changing how to cope with both stress and boredom. We offer the class as a group so that participants know that they are not alone. A tobacco user has a better chance of being successful if they know that there are others just like them who are struggling with the same issues. Finally, we will follow-up with graduates of the program in three months and six months to see how they are doing and offer more support if they have relapsed.

Continued on page 7

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Military Health System Enters New Era

Special release from the U.S. Department of Defense

WASHINGTON (NNS) -- The Department of Defense achieved a major milestone with the launch of AHLTA, its global electronic health record system, at a ceremony hosted by Dr. William Winkenwerder, assistant secretary of defense for health affairs, and attended by Michael O. Leavitt, secretary of health and human services, at the National Naval Medical Center in Bethesda Nov. 21.

AHLTA is the largest, most significant electronic health record system of its kind with the potential to serve more than 9 million service members, retirees and their families worldwide. When fully implemented, about 60,000 military healthcare professionals at DoD medical facilities in the United States, and 11 other countries will use this electronic health record system.

"Beneficiaries' health records will be available around the clock and around the world, available to healthcare providers, yet protected from loss and unauthorized access," said Winkenwerder. "Our electronic health record has matured to a point that its size and complexity are unrivaled. Most importantly, this new system was built in partnership with America's leading information technology companies."

Today, many thousands of military medical providers are using the system, and nearly 300,000 outpatient visits are

captured digitally every week. Full deployment of the system in DoD's 800 clinics and 70 hospitals will be complete by December 2006.

"With the roll-out of AHLTA, the Department of Defense has made a great step toward achieving President Bush's goal of making electronic health records available to a majority of Americans within 10 years," said Leavitt. "The lessons we learn from an initiative of this geographic scope and patient base will prove invaluable for future private and government health systems."

The longer term vision, expected to be achieved in the next two to three years, is a continuously updated digital medical record from the point of injury or care on the battlefield to military clinics and hospitals in the United States, all completely transferable electronically to the Veterans Health Administration.

A massive training program for AHLTA is currently underway in DoD's medical community to ensure all who have access to the system are properly trained in usage and health record security.

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Command Happenings...



Participants in the annual Command Halloween Costume Contest show off their alter egos for the camera. Can you guess who's who?



Hospital staff members enjoyed a fine Fall day in the desert at their annual Post PRT Picnic.



Captain Daniel Hansen, Director of Ambulatory Care, above, and Lt. Cmdr. Jenevieve Williamson, of Risk Management, right, speak to visitors to the Robert E. Bush display at the General Patton Museum, during the recent Veteran's Day celebrations there.



Preterm Birth: Born Too Early

Lt. Cmdr. Kathleen Hewitt, CNM
Robert E. Bush Naval Hospital

What is Preterm Labor?

November was Prematurity Awareness Month and if you are expecting a baby in the next four to five months, knowing the risks of premature births can help to prevent the possibility of delivering your baby too soon.

Preterm or premature labor happens when you go into labor before 37 completed weeks of pregnancy. This is too early for your baby to be born. Premature labor and delivery can happen to any pregnant woman, and babies born too soon can have lifelong or life-threatening health problems.

Researchers and health care providers have identified some risk factors for preterm labor, but they still cannot predict which women will give birth too early. Having a risk factor does not mean a woman will have

preterm labor or a preterm birth, however it does mean that she is more likely to have preterm labor or birth than other women.

Three groups of women are at greatest risk:

- * Women who have had a previous preterm birth;
- * Women who are pregnant with twins, triplets, or more; and
- * Women with certain uterine or cervical abnormalities.

Some studies have found that certain lifestyle factors may put a woman at greater risk for preterm labor as well. These factors include: late or prenatal care; smoking; drinking alcohol; using illegal drugs; domestic violence, including physical, sexual or emotional abuse; lack of social support; stress; or working hours with prolonged periods of standing. Also, certain medical conditions during pregnancy may increase

the likelihood that a woman will have preterm labor. These conditions include: urinary tract infections, vaginal infections, sexually transmitted infections; diabetes; high blood pressure; clotting disorders; vaginal bleeding; certain birth defects in the baby; being underweight or overweight before pregnancy; and a short time period between

will have a preterm baby, there are some things that you can do to reduce the chance it will happen to you.

* Get prenatal care as soon as you think you are pregnant and go to every appointment. Go even if you feel fine.

* If you smoke, stop smoking. It is best to stop before you get pregnant. If you can't stop, try to

cut down. Avoid second-hand smoke.

* Don't drink alcohol.

* Talk to your health care provider about prescription drugs you are taking.

* Try to reduce stress.

Ask friends and family for help. Rest and relax whenever you can.

* If you are in an abusive relationship, talk to someone. Abuse often gets worse during pregnancy. Do what you need to do to protect yourself and your baby.

* If you feel burning or pain when you urinate, you may have an infection. Call your health care provider.

Know the signs of preterm

labor and what to do if you have any of them.

You should call your health care provider right away if you think you are having preterm labor. The signs of preterm labor include:

* Contractions (the abdomen tightens like a fist) every 10 minutes or more often

* Change in vaginal discharge (leaking fluid or bleeding from the vagina)

* Pelvic pressure--the feeling that the baby is pushing down

* Low, dull backache

* Cramps that feel like a period

* Abdominal cramps with or without diarrhea

You do not have to have all the symptoms to have preterm labor. You should call your health care provider even if you have only one.

Your health care provider may tell you to:

* To come into the office or go to the hospital for evaluation

* Stop what you are doing and rest on your side (not your back) for one hour

* Drink 2-3 glasses of water or juice (not coffee or soda)

If the symptoms get worse or do not go away after one hour, call your provider again or go to the hospital. If the symptoms get better, relax for the rest of the day and call your provider to see when you need to be seen next.

Finally, remember that even though you may have one or more of the risk factors for preterm labor, it does not mean that you will have your baby early. It just means that you are at greater risk than a woman who does not have a risk factor. Still, knowing that you are at risk can be scary. That is why it is so important that you

* Know the signs and symptoms of preterm labor

* Know what to do if you have any of them and

* Take very good care of yourself and your baby while you are pregnant. Get prenatal care early and talk to your health care provider about your risk factors.

This is the very best way to protect your self and your baby against preterm labor and delivery.

...While it is true that many women without any risk factors will have a preterm baby, there are some things that you can do to reduce the chance it will happen to you...

pregnancies (less than 6-9 months between birth and the beginning of the next pregnancy). Other risk factors such as African-American women; women younger than 17 or older than 35; and poor women have also been identified as having a greater risk for premature labor.

What Can You Do to Reduce Your Risk?

While it is true that many women without any risk factors

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American Hero...

Continued from page 1

having a strong work ethic, and he would proudly speak of the accomplishments of his children and grandchildren.

On May 2, 2000, the 55th anniversary of the action a young Robert E. Bush took to receive the Medal of Honor, the Naval Hospital, Twenty-nine Palms was rededicated as the Robert E. Bush Naval Hospital. Present at the ceremony were Robert E. Bush along with several other Medal of Honor recipients who had traveled from all over the country to attend and honor Robert E. Bush. The Chief of Naval Operations at the time, Admiral Jay Johnson, was the guest speaker.

In the ensuing years since, Robert E. Bush participated in several events at the hospital where he spoke encouraging words to everyone with whom he came into contact.

On November 8, 2005, at 79 he had done enough for his country... he left this life to pursue new adventures.

Tobacco Classes...

Continued from page 3

Classes are offered four Tuesdays in a row at noon and 5:30 p.m. at the hospital. The classes are free to all and participants can return as often as they need. Participants must attend classes, however, in order to receive the patches and Zyban. TRICARE doesn't pay for the patches or Zyban. The cost is born by the Naval Hospital. Statistically, those individuals who do not attend an organized education program for tobacco cessation have nearly a zero chance of giving up tobacco long term. Therefore, we bind the class to receiving the meds to give them a better chance of success.

Tobacco cessation will not resolve other problems in life such as family, school, financial, work or legal problems. Those problems, like quitting tobacco, are resolved only through increased coping skills.

The next set of tobacco cessation classes will start at the Robert E. Bush Naval Hospital, Jan. 3. To sign up, call Health Promotions at 830-2814. Call now before it all goes up in smoke!

Life's Lessons...

After eating an entire bull, a mountain lion felt so good he started roaring. He kept it up until a hunter came along and shot him... The moral: When you're full of bull keep your mouth shut.

--Will Rogers

NSPS Implementation Date Moves to Feb. 1

By Gerry J. Gilmore, American Forces Press Service

WASHINGTON (NNS) -- DoD will delay implementing the new National Security Personnel System until Feb. 1, acting Deputy Defense Secretary Gordon England said.

England, along with other Defense Department and Office of Personnel Management officials, provided an update on NSPS matters to members of the Senate Homeland Security and Governmental Affairs Committee at a Capitol Hill hearing Nov. 17.

England told senators that NSPS will benefit DoD employees. "This is a win for DoD, it's a win for our employees, and it's a win for our nation," he said.

Several unions recently filed a lawsuit challenging some aspects of NSPS regulations, England said. However, DoD, OPM, the Justice Department and the unions involved in the lawsuit announced an agreement Nov. 16.

"While the lawsuit is in process, we have all agreed that DoD will continue the training on NSPS and will continue collaboration with them on implementation details," England said.

He said the final NSPS regulations were published in the Federal Register on Nov. 1. That publication, he said, had triggered a 30-day period for congressional review of the regulations prior to their implementation.

NSPS is part of Defense Secretary Donald H. Rumsfeld's program to transform the way DoD does business to better meet the challenges of the 21st century. The new program, in development since 2003, will replace the current general-schedule personnel ranking system with broad pay bands.

Employees are evaluated for performance in duties directly tied to departmental missions. Under NSPS, that pay-for-performance system replaces old civil service rules that rewarded employees for length of service rather than performance.

DoD and OPM are partnering to establish the NSPS, which eventually will affect 180,000 Department of Homeland Security employees as well as DoD's more than 650,000-person civilian work force.

"Our collaboration with the department has been a joint effort, and I do thank Secretary England and his staff for his leadership during this undertaking," OPM Director Linda Springer told the Senate panel. She said OPM's role in assisting to craft new NSPS regulations was to ensure there is a proper balance between accomplishing missions and the needs of the work force.

"After all, it's the people in government who make the government work. We also recognize that the government's human resources system must protect and promote fairness and transparency, and guarantee equal access for all," Springer said.

NSPS guards against prohibited personnel practices, protects whistleblowers from recriminations, and maintains all safeguards against discrimination, Springer said.

She said NSPS achieves the balance of employees' rights to representation and collective bargaining with DoD's mission requirements.

"Finally, the NSPS honors and promotes veterans' preference, a privilege that has been dearly earned through personal sacrifice by our men and women in uniform," Springer said.



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